

Water Rources Program Application for a Water Right Permit

For Ecology Use (Date Stamp)

RECEIVED

LAN 26 2012

DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

Follow the attached instructions. Attach additional sheets as necessary.

X GROUND WATER SURFACE WATER

X PERMANENT SHORT TERM TEMPORARY

DROUGHT

Section 1. APPLICANT		
Applicant/Business Name: Lawrence Vineyards. LLC	Phone No: (509) 346-2585	Other No: FAX (509) 346-9775
Address: 13000 Road D SW		
City: Royal City	State: WA	Zip: 99357
Email Address (optional):		
Contact Name (if different from above): Josh Lawrence	Phone No: (509) 346-2585	Other No: (509) 346-9775
Relationship to Applicant: Owner		
Address: 13000 Road D SW		
City: Royal City	State: WA	Zip: 99357
Email Address (optional): josh@lawrenceenterprises.com		
Legal Land Owner or Part Owner Name of the Proposed Place of Use	Phone No:	Other No:
Lawrence Vineyards. LLC	(509) 346-2585 (509) 346-977	
Address: 13000 Road D SW		
City: Royal City	State: WA	Zip: 99357
Email Address (optional):		

Signatures are required. See page 7.

For Ecology Use	cology APPLICATION NO: G3-30658		SEPA: Exemption Exempt		
	Fee Paid:	Chec	k No:	ECY Codin	ng: 001-001-WR1-0285-000011
Date Returned	1	Ву	Priority Date	Ву	WRIA: 41

Section 2. STATE	MENT OF INTENT		
	hich the proposed point of diversion/with thority to make this application for use of		
Briefly describe the purpos	se of your proposed project:		
The purpose of this project	is to acquire sufficient water from up to	two wells to irrigat	te 135.4 acres of crops utilizing
efficient pumping and irriga	ntion distribution systems.		
	es for which water will be applied to a b Rate (check one box only) Cubic Feet per Second (CFS) X Gallons per Minute (GPM)		Period of Use (Continuously or Seasonal)
Irrigation	1354	473.9	Seasonal – March 1 st through October 31 st
TC	OTAL: 1354	473.9	
Short Term/Temporary V	Water Use		
	term project (less than four months and	non-recurring)?	YES X NO
Is this request for a tempor	ary permit? YES X NO		

If yes to either question above, indicate the dates that the water will be needed:

FROM: ___/___TO: ___/___

Section 3. POINT OF VERSION OR WITHDRAWA (Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
Spring Creek River Lake Other:	X Well(s) Other:
Source Name: Tributary to:	Number of proposed points of withdrawal: 2 Do you have an existing well? YES X NO
Number of proposed diversion points: Do you have an existing diversion? YES NO	If available, attach Water Well Report and pump test. Well Tag ID No

Parcel No.	1/4	1/4	Section	Township	Range	County
161286000	S1/2		28	17N	27E	Grant
Lot(s)	t(s) Block(s)		Subdivision		4	
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Parcel No.	1/4	1/4	Section	Township	Range	County
161287000	N1/2 N1/2		28	17N	27E	Grant
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E: If more than t	wo points of d	liversion/w	ithdrawal a	ttach addition	al informatio	n on a separate sheet of paper.
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WIII A CUUV UI LA	ie legal desc	ription o	f the prope	erty (on whic	h the wate	r will be used) taken from a rea
						r will be used) taken from a really in the space below.
te contract, pro	operty deed	or title i	nsurance p	olicy, or cop	y it careful	ly in the space below.
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Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

ection 5. WATER SYSTEM DESCRI	PHUN
ource):	nd size of devices used to divert or withdraw water from located to match up to the water obtained and the crops that w be utilized to irrigate 135.4 acres of crops.
	PLY SYSTEM INFORMATION
(Complete A <u>or</u> B, and C below)	PLY SYSTEM INFORMATION B.) Municipal Water Systems only (defined under RCW 90.03.015)
(Complete A <u>or</u> B, and C below) A.) Domestic Water Systems only	B.) Municipal Water Systems only
Section 6. DOMESTIC WATER SUP (Complete A or B, and C below) A.) Domestic Water Systems only Projected number of connections to be served: Type of connections: (e.g., home, recreational cabin)	B.) Municipal Water Systems only (defined under RCW 90.03.015)
(Complete A or B, and C below) A.) Domestic Water Systems only Projected number of connections to be served: Type of connections:	B.) Municipal Water Systems only (defined under RCW 90.03.015) Present population to be served water: Estimate future population to be served:
A.) Domestic Water Systems only Projected number of connections to be served: Type of connections: (e.g., home, recreational cabin) C.) Water System Planning Do you have a Water System Plan approved by the Division? YES NO If yes, date plan was approved//	B.) Municipal Water Systems only (defined under RCW 90.03.015) Present population to be served water: Estimate future population to be served:(20 year projection) Washington State Department of Health, Drinking Water Water System Number:
(Complete A or B, and C below) A.) Domestic Water Systems only Projected number of connections to be served: Type of connections: (e.g., home, recreational cabin) C.) Water System Planning Do you have a Water System Plan approved by the Division? YES NO	B.) Municipal Water Systems only (defined under RCW 90.03.015) Present population to be served water: Estimate future population to be served:(20 year projection) Washington State Department of Health, Drinking Water Water System Number:

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES
Irrigation Total number of acres requested to be irrigated under this application = 135.4 ACRES NOTE: Outline the area to be irrigated on your attached map.
Stockwater List number and kind of stock:
Is the proposed project for a dairy farm? YES NO
Other Proposed Farm Uses
Describe all proposed uses:
Family Farm Water Act (RCW 90.66):
 Calculate the acreage in which you have a controlling interest, including only: Acreage irrigated under water rights acquired after December 8, 1977, Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other pending application(s).
Is the combined acreage under existing rights greater than 6000 acres? YES X NO
Do you have a controlling interest in a Family Farm Development Permit? X YES NO
If yes, enter Permit No: <u>G3-29405P & G3-29590P & G3-28598(B)</u>
Section 8. OTHER WATER USES
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:

Indicate all uses to which power is to be applied:
FERC License No:
TERC Electisc No.
Mining/Industrial Use
Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? X YES ☐ NO
Are you proposing to store more than 10 acre-feet of water? YES X NO
Will the water depth be 10 feet or more? YES X NO
If you answered yes to any of the above questions, please describe:
There is an existing pond that currently serves the existing developed portion of the project that this application is part
of. This pond may be utilized in the future with waters associated with this application.
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.
Section 10. DRIVING DIRECTIONS
Provide detailed driving directions to the project site:
From Royal City, Washington travel approximately 7.9 miles southeast along State Highway 26 to "A" Road SE. Turn
north on "A" Road SE and travel approximately 3.5 miles to Road "12" SE. Turn east on Road "12" SE and travel
approximately one mile to Road "B" SE. Turn north on Road "B" SE and travel approximately 1.7 miles to the SW
corner of the proposed place of use.

Address: Approximately 46 Degrees 56 Minutes 14 Seconds North Latitude & 119 Degrees 27 Minutes 4 Se	econds
t Longitude.	
Address:	

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Josh Lawrence Print Name	Signature	
(Applicant or authorized representation	itive)	
Josh Lawrence Print Name (Legal Owner or Part Owner Place	of Use)	
Print Name (Legal Owner or Part Owner Place		Date
	Please check the region in	which the project is located:
*Submit your application to:	Central Regional Office	Eastern Regional Office
DEPARTMENT OF ECOLOGY	15 W Yakima Avenue, Suite 200	4601 N. Monroe
CASHIERING SECTION	Yakima, WA 98902	Spokane, WA 99205-1295
PO BOX 47611	(509) 575-2490	(509) 329-3400
OLYMPIA, WA 98504-7611	Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

